

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>1/29/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>57</i>	<i>2/1/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>65085</i>	<i>2-2 Jan</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	3 12 8 9
1	✓ - ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
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19	✓ ✓ ✓
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45	✓ ✓ ✓
46	✓ ✓ ✓
47	✓ ✓ ✓
48	✓ ✓ ✓
49	✓ ✓ ✓
50	✓ ✓ ✓

Claim	Date
Final Original	12 8 9
51	✓ ✓ ✓
52	✓ ✓ ✓
53	✓ ✓ ✓
54	✓ ✓ ✓
55	✓ ✓ ✓
56	✓ ✓ ✓
57	✓ ✓ ✓
58	✓ ✓ ✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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